

# California Income Tax Return for Qualified Funeral Trusts

541-QFT

For calendar year 2003 or short year beginning month \_\_\_\_\_ day \_\_\_\_\_ year 2003, and ending month \_\_\_\_\_ day \_\_\_\_\_ 2003.

Name of estate or trust

Federal employer identification no.

Name and title of trustee

Address of trustee (number and street, including PO Box, or rural route)

Suite no.

PMB no.

City

State

ZIP Code

Check Applicable Boxes:

☐ Initial tax return    ☐ Amended tax return    ☐ Final tax return    ☐ Change in trustee's name or address

Income	1	Interest income .....	1	
	2	Dividends .....	2	
	3	Capital gain or (loss). Attach Schedule D (541) .....	3	
	4	Other income. State nature of income .....	4	
	5	<b>Total income.</b> Combine line 1 through line 4 .....	5	

Deductions	6	Taxes .....	6	
	7	Trustee fees .....	7	
	8	Attorney, accountant, and preparer fees .....	8	
	9	Other deductions NOT subject to the 2% floor .....	9	
	10	Allowable miscellaneous itemized deductions subject to the 2% floor .....	10	
11	<b>Total deductions.</b> Add line 6 through line 10 .....	11		

Tax and Payments	12	Taxable income. Subtract line 11 from line 5 .....	12	
	13	Tax from: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input type="checkbox"/> Composite return Number of QFTs included on this tax return .....	13	
	14	Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list .....	14	
	27	Tax liability. Subtract line 14 from line 13. See instructions .....	27	
	28	California income tax withheld .....	28	
	29	California income tax previously paid .....	29	
	31	2003 CA estimated tax, amount applied from 2002 tax return, and payment with form FTB 3563 .....	31	
	32	<b>Total Payments.</b> Add line 28, line 29, and line 31 .....	32	
	33	<b>Tax due.</b> If line 27 is larger than line 32, subtract line 32 from line 27 and enter the amount owed. Mail Form 541-QFT and the check or money order to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001</b> .....	33	
	34	<b>Overpaid tax.</b> If line 27 is less than line 32, subtract line 27 from line 32 and enter the amount overpaid .....	34	
35	Amount of line 34 to be credited to 2004 estimated tax .....	35		
36	Amount of line 34 to be refunded. Mail Form 541-QFT to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002</b> .....	36		
41	Underpayment of estimated tax. Fill in circle: FTB 5805 <input type="radio"/> FTB 5805F <input type="radio"/> .....	41		

Please Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or office representing fiduciary		Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Paid preparer's SSN/PTIN
			FEIN
			Telephone ( )